FORM D



FORM D

1281881 OMB APPROVAL OMB Number: 3235-0076 May 31, 2005 Expires: Estimated average burden hours per response.....16.00



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED				
Prefix		Serial		
DA	TE RECEIV	ED		

ONITORIA ENAMEDO PERMITO EXEMI	KION L
Name of Offering (check if this is an amendment and name has changed, and indicate change.) 16% Subordinated Debenture	
Filing Under (Check box(es) that apply): \(\overline{\	₩ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	× .
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	PED 20 2004
G & M Productions, Inc.	TED #U TWY
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Tartts, 1010 Massachusetts Ave., Boston MA 02118 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	(617) 442–9807 Telephone Number (Including Area Code)
Brief Description of Business	
Destaurant and entautainment center	
Restaurant and entertainment center Type of Business Organization	PROCESSEL
	please specify): FEB 2 6 2004
Actual or Estimated Date of Incorporation or Organization: Month Year	nated THOMSON
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 6 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reporthereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for state and that have adopted this form. Issuers relying on ULOE must file a separate notice with the state to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A. BASIC IDI	NTII	FICATION DATA	197 141-15 173			April 1
2. Enter the information red	uested for the fol	lowin	g:			<u> </u>			
2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of th • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ▼ Beneficial Owner ▼ Executive Officer ▼ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Lloyd, Glynn Business or Residence Address (Number and Street, City, State, Zip Code) 29 Dunreath Street, #3, Roxbury MA 02119 Check Box(es) that Apply: □ Promoter ▼ Beneficial Owner ▼ Executive Officer ▼ Director □ General and/or Managing Partner									
Each beneficial own	er having the pow	er to v	ote or dispose, or di	ect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vete or disposition of, 10% or more of a class of equity securities of it. Each executive officer and director of corporate issuers and of corporate general and managing partners of portnership issuers; and Each general and managing partner of portnership issuers. Check Box(es) that Apply:			rship issuers; and						
• Each general and m	anaging partner o	f partr	nership issuers.						
Check Box(es) that Apply:	Promoter	K	Beneficial Owner	*	Executive Officer	*	Director		
Full Name (Last name first, if	individual)								
	•								
		Street	, City, State, Zip Co	de)					
29 Dunreath	Street. #	3. I	Roxbury MA	021	19				
		-				₽	Director		
Full Name (Last name first, if	individual)						<u> </u>		
Reed, Marv									
	s (Number and	Street	, City, State, Zip Co	de)					
1 Ludlow Rd.	, North Q	uin	cy, MA 0217	1_		_			
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	Street	, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	Street	, City, State, Zip Co	de)					A CONTRACTOR OF THE CONTRACTOR
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		
Full Name (Last name first, if	individual)			·*Iia					
Business or Residence Addres	s (Number and	Street	, City, State, Zip Co	de)	,	,			
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and	Street	, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)						***************************************		
Business or Residence Addres	s (Number and	Street	c, City, State, Zip Co	ode)					
	(Use bla	nk she	eet, or copy and use	additi	onal copies of this s	heet, a	as necessary	·)	

		en e	e landerpelija Marie sekerija		В., 1	NFORMAT	ION ABOU	T.OFFERI	NG.	erek ak agreska			
1.	Has the	issuer sold	or does th	ne issuer ir	ntend to se	ll to non-a	ccredited i	nvestors in	this offeri	no?		Yes	No
•	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										LXi		
2.	What is	the minim	um investn					_				\$ <u>20</u> ,	_000_
										Yes	No		
3.												\mathbf{x}	
4.	commis If a pers or states	ne information or similation or similation to be list s, list the narror or dealer,	lar remune ted is an ass me of the b	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase ent of a brok ore than five	ers in conne ker or deale e (5) persoi	ection with er registered ns to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful	Name (Last name f	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	umber and	l Street, C	ity, State, Z	Cip Code)				_		
Nar	ne of As	sociated Bro	oker or De	aler									
Stat	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		_				
	(Check	"All States"	" or check	individual	States)	***************************************		•••••	*******	••••		☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name f	first, if indi	ividual)							**************************************	T. 11 11	* ***
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						N
Nar	ne of As	sociated Br	oker or De	aler									
Stat	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers					-	
	(Check	"All States	" or check	individual	States)			••••		••••	•••••	☐ All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE	NV	NH	NJ	NM	NY	NC NC	ND	OH	OK	OR	PA
		SC	SD	TN	TX	UT	VT	VA	WA	WV	<u>[WI]</u>	WY	PR
Ful	l Name (Last name i	first, if ind	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	1151-41					
Nar	ne of As	sociated Br	oker or De	aler							74 7		
Sta	tes in Wi	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers	3	2-54				
	(Check	"All States	" or check	individual	States)		••••		•••••••			☐ All	States
	AL IL MT	AK IN NE SC	AZ [A] NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \sum and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	;	Amount Already Sold
	Debt	\$_300,000		\$_35,000_
	Equity			
	Common Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		\$
	Other (Specify)	\$		\$
	Total	§ 300,000		\$ 35,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
	Accredited Investors	Number Investors		Dollar Amount of Purchases \$35,000
	Non-accredited Investors		_	\$ \$
	Total (for filings under Rule 504 only)			
	Answer also in Appendix, Column 4, if filing under ULOE.			\$35,000
3.				
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504		_	\$ 60,750
	Total		_	\$_60,750
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees			\$ 850
	Accounting Fees			\$ <u>5</u> 375
	Engineering Fees /architectural	•••••		\$_2600
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify) <u>businessuplan consultation</u>	•••••		\$3298.50
	Total			\$12,123.50

	and total expenses furnished in response to Par	te offering price given in response to Part C — ert C — Question 4.a. This difference is the "adj	usted gross	\$ <u>287,876.50</u>
5.	each of the purposes shown. If the amount	for any purpose is not known, furnish an estotal of the payments listed must equal the adjust to Part C — Question 4.b above.	timate and	
			Payments t Officers, Directors, a Affiliates	& Payments to Others
	Purchase of real estate			\$
	Purchase, rental or leasing and installation			— A
	Construction or lessing of plant buildings	and facilities		\$
	Acquisition of other businesses (including offering that may be used in exchange for t	the value of securities involved in this		
	Repayment of indebtedness		\$	\$
	Working capital		\$	\$
	Other (specify):			\$

				[\$
	Column Totals			\$
		d)		<u>287,876.5</u> 0
		D. FEDERAL SIGNATURE		
się	e issuer has duly caused this notice to be signed gnature constitutes an undertaking by the issue e information furnished by the issuer to any n	d by the undersigned duly authorized person. It	f this notice is filed under ge Commission, upon wr	
lss	suer (Print or Type)	Signature	Date	
_(& M PRODUCTIONS, INC.	Many Leek Title of Signer (Print or Type)	2-	13-84
Na	nme of Signer (Print or Type)			
	MARY Reed	TREASURER		

---- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	her has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
ssuer (Print or Type) Signature Date
3 & N	M PRODUCTIONS, INC. Many Reed 2-13-04
Vame (Print or Type) Title (Print or Type)
	MARY Reed TREASURER

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		togaska, 2000 - Papolio Papol	100 mm 1	AI	PENDIX						
1	Intendation to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	credited Non-Accredited				No		
AL											
AK											
AZ											
AR											
CA											
СО											
СТ											
DE											
DC											
FL		Х	Debt \$300K						X		
GA											
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IN	15 Philip May night										
IA											
KS											
KY											
LA	_								<u> </u>		
ME											
MD											
MÅ	Х		Debt \$300K						X		
MI	X		Debt \$300K						Х		
MN											
MS											

			-	T. T. T.	ENDIA	nya aharin basa kamana maka		5	1. 1. 19 6 * 1. 1. 2			
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of security sell and aggregate dited offering price Type of investor and State offered in state amount purchased in State			Type of investor and					
State	Yes			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
МО												
MT												
NE												
NV												
NH												
NJ												
NM												
NY												
NC												
ND												
ОН												
OK												
OR												
PA	X		Debt \$300K						X			
RI												
SC	***************************************											
SD			,									
TN												
TX		Х	Debt \$300K	1	\$35,000				X			
UT												
VT												
VA												
WA												
WV												
WI												

		ining the second		APPI	ENDIX	The state of the s			·		
1	Intend to sell and aggr to non-accredited offering p investors in State offered in			Type of security Intend to sell and aggregate to non-accredited offering price Type of investors in State offered in state amount purcha			4 Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explan- waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											